



CACFP Montana Child and Adult Care Food Program
Audit Questionnaire,
Audit Grant Application, and Signature
Fiscal Year 2013
Return by June 1, 2013

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Instructions:

- **All organizations** must complete Sections A & C.
- Complete **ALL** Sections [A, B, & C] **only** if total federal funds expended are greater than \$500,000.

Audit information: Your organization is required to have an audit if you will receive at least \$500,000 in total federal assistance from all sources during your fiscal year. If your organization received less than \$500,000, your organization may be subject to an engagement by DPHHS auditors to perform an "Agreed-Upon Procedures" audit.

Section A: Audit Questionnaire

1. Organization Name _____
2. Address: _____
3. Telephone: _____
4. CACFP **Contract** Number:

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5. Organization's Fiscal Year End Date for FY2013: _____
6. Total **federal** funds you anticipate receiving from **all** sources during **your** fiscal year*: _____

*All monies received from CACFP are federal funds; if your only source of federal funds is CACFP, add all monthly reimbursement amounts received thus far, average that amount. Then multiply the result by 12 to obtain a fiscal year amount. **Example:** October – March reimbursements: \$900, \$850, \$775, \$1,050, \$950, \$1,025; total = \$5,550. Average = \$925 x 12 = \$11,100 for one year. This amount should be entered on line 6.

If you are not a Sponsor of Day Care Homes
and your organization expended less than \$500,000,
skip to Section C below.

Section B: Audit Grant Application

Our organization wishes to apply for the Audit Grant for fiscal year 2013: ☐ YES ☐ NO

Failure to check a box will be considered a "NO".

1. Normal audit cycle: ☐ One Year ☐ Two Years
 2. Date of most recently **completed** audit: _____
- You may qualify for audit expense grant if all MT CACFP 1996-19 Rev 3 and MT CACFP 2008-2 Rev 1 policy requirements are met, **and**:

1. Total federal financial assistance received during your audit period equals \$500,000 or more from all sources. You must confirm the total amount received.
2. A copy of the audit proposal is submitted to the MT CACFP **prior** to beginning the audit.
3. The MT CACFP grants approval to the audit proposal **prior** to beginning the audit.

Organizations that wish to apply for the audit expense grant to pay for all or part of their audit expenses must meet **all three** of the above conditions and comply with Audit Policy MT CACFP 1996-19, Rev 3 dated 1-30-09 and MT CACFP 2008-2 Rev. 1 dated 1-30-09 [attached]. The MT CACFP's share of the audit expense will be calculated at 67% of the actual documented audit expenses, or percentages based on regulations, whichever is less. Upon receipt of the audit proposal, the auditor's eligibility to conduct the audit is checked against the "Excluded Parties List" at <https://www.sam.gov/portal/public/SAM/>. Please also have your auditor complete and return the enclosed Certification Regarding Debarment.

The MT CACFP contract requires the submission of **two copies** of all audits to the MT CACFP, regardless of dollar threshold. See contract section entitled, "Accounting, Cost Principles and Audit".

Section C: Signature

Please sign and return this form to the MT CACFP by June 1, 2013.

Signature of Institution Official _____

Date _____